

Table 1

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	SD
1	0.93%	5.82%	11.42%	30.3%	51.53%	0.99
2	57.58%	27.74%	11.19%	2.56%	0.93%	0.88
3	55.01%	33.33%	8.39%	3.03%	0.24%	0.80
4	0.93%	1.63%	9.79%	23.31%	64.34%	0.83
5	2.1%	1.16%	22.61%	16.78%	57.35%	1.02

Table 2

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	SD
1	55.94%	31.93%	6.53%	3.49%	2.11%	0.92
2	3.96%	8.39%	22.14%	39.39%	26.12%	1.13
3	3.03%	9.79%	18.18%	37.76%	31.24%	1.11
4	11.19%	25.87%	36.36%	16.78%	9.8%	1.13
5	37.06%	35.9%	14.2%	9.32%	3.52%	1.13

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0521

### An explorative look at Jerusalem syndrome and its validity?

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**Introduction** The aim of the explorative study poster is to look into the phenomenon of psychotic disorder/manifestations collectively termed as Jerusalem syndrome – a psychotheological condition characterized by temporary psychosis like symptoms upon visiting Jerusalem.

**Aim** The primary aim is to explore the theories pertaining to the possible causes and psychopathology involved in Jerusalem syndrome with a view to contextualize their credibility and weightage against the extant evidence in neurological science. It would also look at the possible treatments used.

**Method** A detailed literature search has been undertaken to identify variety of case reviews and publications about Jerusalem syndrome and case interviews of psychiatrists in Jerusalem: dealing with neurological, psychological explanations of the condition; have been proposed by psychiatrist or psychologist and neurologists as a possible psychopathological manifestation.

**Discussion** The results are synthesized and presented in a tabular form. The discussion expands on the various theories and their relevance with a view to establish the nosological validity of the condition and the viable treatment models available.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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#### EV0522

### Public beliefs and attitudes towards schizophrenia and major depression: Findings from a representative population-based study

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**Introduction** Previous studies have suggested that public beliefs and attitudes toward mental illness may be influenced by country-specific social and cultural factors.

**Objectives** This study aimed to carry out a national survey to assess people's beliefs and stigmatizing attitudes toward schizophrenia and major depression in Taiwan.

**Methods** We randomly recruited participants aged 20–65 ( $n = 1600$ ) in Taiwan, using a computer-assisted telephone interviewing. Participants were presented with a case vignette for major depression and schizophrenia. Questions were asked about causal attributions, emotional reactions, and social distance of individuals afflicted by psychosis or depression.

**Results** In respect of causal attributions, respondents were more concerned with the likelihood of biogenetic explanations for schizophrenia as compared with depression. The same applied to other explanations such as god's willingness and being possessed or haunted. In contrast, psychosocial factors were more likely to be endorsed as a cause of depression than as a cause of schizophrenia. For perceived dangerousness, significantly more respondents considered schizophrenia likely to be violent toward others and to be unpredictable. In terms of emotional reactions, respondents were significantly more likely to express anger or fear for schizophrenia vignette. A similar pattern was shown for the social distance, where respondents were also significantly less likely to express a willingness to contact people suffering from schizophrenia within different social relationships.

**Conclusions** The findings from this study may enhance our knowledge of community beliefs and stigmatizing attitudes towards people with mental disorders in Taiwan and highlight the importance of understanding these issues in context.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0523

### Protecting the incapable–Interdiction of in-patients in centro hospitalar De São João in the last two years

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**Introduction** The interdiction of citizens is embodied in the Portuguese civil code and is untouched since 1966 regardless of the profound changes in our society. In 2006, Centro Hospitalar de São João (CHSJ) created protective measures for inpatients that are incapable; the procedure encompasses multidisciplinary evaluation of patients and the elaboration of a final report by liaison psychiatrists.

**Objectives** To describe the interdiction proceedings initiated at CHSJ in the last two years, establishing parallels with our socio-demographical and epidemiological reality.

**Methods** Retrospective study of the internal requests for psychiatric consultation concerning interdiction proceedings made in the CHSJ from January 2015 to December 2016.

**Results** During the study period, the liaison psychiatry service received 37 requests for evaluation of patients' decision-making capacity through the internal consultation system. The typology of the patient targeted in the interdiction process is male, more than 70 years old, hospitalized due to infectious intercurrents whose dependency of others enables him to return to his residence. More than a half (51%) of the requests were performed by internal medicine services. Twenty-one reports declaring the

patient's inability to govern his person and property were made. The most common pathology underlying this cognitive impairment was dementia (57%).

**Conclusion** Our results reflect the aging of Portuguese population and the increased prevalence of dementia. The evaluation of the capacity for self-governance will be increasingly required in our clinical practice and demands a holistic approach to the patient while taking into account the preservation of his autonomy, dignity and rights.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0524

### Epidemiology of depression in Azerbaijani urban female population. Cross-cultural comparison of depression incidence/prevalence indicators

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**Introduction** The aim is to determine the prevalence and incidence of depression for an Azerbaijani female sample and explore the impact of cultural factors on depression.

**Objectives** To determine: the optimal cut-off point of ZDRS; the point prevalence and 3 month incidence of depression; risk factors for depression. To compare the depression prevalence in the two language groups of the Azerbaijani population (Azerbaijani-speaking and Russian-speaking) for determining possible impact of cultural factors on depression.

**Methods** The first screening with ZDRS (Az) and ZDRS (Ru) were carried out with 1500 research participants, who filled out the questionnaires at their homes. All the screened subjects who score 40 and more on ZDRS were examined by MINI. True-positive and false-positive results were defined. Ten percent of the screened subjects, who score less than 40 on ZDRS were randomly chosen for clinical interviews to define true-negative and false-negative results. According to the analysis the optimal cut-off point of ZDRS in the Azerbaijani female population was found with the definition of its sensitivity, specificity, positive predictive value and negative predictive value. Based on the optimal cut-off point of ZDRS, point prevalence and incidence of depression was determined in Azerbaijan. The follow-up screening was conducted to determine the 3 month incidence of depression.

**Results** The determined prevalence and incidence of depression will be reported with the optimal cut-off point of ZDRS.

**Conclusions** The results of the current study suggested that the ZDRS was a valid tool for use in screening patients with depression disorders but need a modification.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0525

### Social stigma and disclosure of diagnosis among women with breast cancer in Azerbaijan

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**Objective** The current practice in medical and surgical care of women with breast cancer in Azerbaijan is to hold back disclosure of cancer diagnosis unless the patient actively asserts full disclosure. This study aimed to serve as a pilot, to appraise the level of anxiety and depression in women diagnosed with breast cancer and explore ways to develop approaches to further elucidating the important issue of cancer information disclosure.

**Methods** The subjects in the study were women recruited consecutively with confirmed oncological diagnosis of breast cancer ( $n = 23$ ; mean age = 50 (SD  $\pm 11$ ; range 27–73 years) and who were scheduled for mastectomy. All the subjects consented to be directly interviewed. The interview comprised of a socio-demographic questionnaire and inquiry regarding the subjects' understanding of the nature of their breast condition. All the subjects were also administered the Hospital Anxiety and Depression Scale (HADS) in Azerbaijani. The patients who knew their diagnosis of cancer were ascertained subsequently from the record ( $n = 11$  [42.3%]).

**Results** There was a significant correlation between anxiety scores ( $P = 0.006$ ) and anxiety/depression scores combined ( $P = 0.009$ ) with the level of subjects' awareness regarding diagnosis of cancer; the correlation was not significant for depression scores alone ( $P = 0.068$ ).

**Conclusions** The findings are consistent with studies from culturally similar regions and reflect the need for improvement on disclosure, patient participation, and family support in treatment of women with breast cancer.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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#### EV0526

### Increased prevalence of psychosis in patients who get admitted with atrial fibrillation with worse outcomes

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**Objective** To determine trends and impact on outcomes of atrial fibrillation (AF) in patients with pre-existing psychosis.

**Background** While post-AF psychosis has been extensively studied, contemporary studies including temporal trends on the impact of pre-AF psychosis on AF and post-AF outcomes are largely lacking.

**Methods** We used Nationwide Inpatient Sample (NIS) from the healthcare cost and utilization project (HCUP) from year's 2002–2012. We identified AF and psychosis as primary and secondary diagnosis respectively using validated international classification of diseases, 9th revision, and Clinical Modification (ICD-9-CM) codes, and used Cochrane–Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

**Results** We analyzed total of 3,887,827 AF hospital admissions from 2002–2012 of which 1.76% had psychosis. Proportion of